



Attorney Docket No.

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9 (f) and 1.27 (c)) - SMALL BUSINESS CONCERN

I hereby declare that I am [] the owner of the small business concern identified below [X] an official of the small business concern empowered to act on behalf of the concern identified below: NAME OF CONCERN ____CHEMPLEX INDUSTRIES, INC. ADDRESS OF CONCERN 160 MARBLEDALE ROAD TUCKAHOE, NEW YORK 10107 I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41 (a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both. I hereby declare that rights under contract of law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled METHOD AND APPARATUS FOR TRIMLESS SAMPLE CUP USED IN X-RAY SPECTROSCOPY by inventor(s) MONTE J. SOLAZZI described in [X] the specification filed herewith Application Serial No. _____, filed ____, filed ____ If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entitles. (37 CFR 1.27) FULL NAME [] Nonprofit Organization [] Small Business Concern FULL NAME _ ADDRESS ______ [] Individual [] Nonprofit Organization [] Small Business Concern FULL NAME _____ [] Small [] Individual **ADDRESS** [] Nonprofit Organization Business Concern I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)) I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed. NAME OF PERSON SIGNING _____ MONTE J. SQLAZZI TITLE OF PERSON OTHER THAN OWNER PRESIDENT O MARBLEDALE ROAD, TUCKAHOE, NY 10107

Attorney Docket No. CHEMPLEX-3

DECLARATION AND POWER OF ATTORNEY (Patent, Design or C-I-P Application)

Wy residence, post office believe I am the original of the subject matter wi	nich is claimed and for wh	only one name is hich a patent is		ginal, first and on entitled:	joint inventor (in METHOD AND	f plural names are stated below) APPARATUS FOR TRIMLESS	
SAMPLE CUP USED IN	X-RAY SPECTROSCOPY	<u>'</u>					
the specification of which X is attached	d hereto		ation Serial No	and wa	s amended of		
was filed						(It applicable)	
eferred to above. acknowledge the duty Regulations §1.56(a). hereby claim foreign pri and have also identified	to disclose information wh	hich is material 5, United States ation for patent	to the examination of t	this application on application on having a filin	n in accordance	as amended by any amendment e with Title 37, Code of Federal inventor's certificate listed below that of the application on which	
oriority is claimed.		THIONTO		DATE OF FI	LING	PRIORITY CLAIMED	
COUNTRY		APPLICATION NO.		(day, month, year)		UNDER 35 U.S.C. 119	
						YES NO	
	PPLICATIONS CONTINUE) x		YES _ NO _	
States Code, §112, I ack between the filing date	nowledge the duty to disci- of the prior application and	ose material info	าศาครากก คร ติยาเกอบ เก เ	Tue 37, Code	application:		
(Application Serial No.) (Filing				Ins	atented, pendin	nding, abandoned) g, abandoned)	
ousiness in the Patent a	and Trademark Office conf	nected therewith). :	and/or agent	(s) to prosecute	this application and transact all	
ARTHUR L. PLEV and ERIC A. LaM	Y, Reg. No. 24,277; F ORTE, Reg. No. 34,6	53; JOHN A.	LIGON, Reg. No. 3	35,938; MA	I I NEW HOD	00K, Reg. 10. 30,104	
SEND CORRESP	P.O 146	EVY & SELITT). Box 1366 i Route 1 Nor	ro	DIRECT T		Arthur L. Plevy, Esq. (908) 572-5858	
FULL NAME OF INVENTOR #1	LAST NAME: SOLAZZI		FIRST NAME: MONTE		MIDDLE NAME: J.		
RESIDENCE & CITIZENSHIP	CITY: JUPITER		STATE OR FOREIGN COUNTRY: FLORIDA		COUNTR	COUNTRY OF CITIZENSHIP: U.S.A.	
POST OFFICE ADDRESS	POST OFFICE ADDRESS: 113 QUAYSIDE DRIVE		CITY: JUPITER		STATE O	STATE OR COUNTRY AND ZIP CODE: FLORIDA 33477	
FULL NAME OF INVENTOR #2	LAST NAME:		FIRST NAME:		MIDDLE	MIDDLE NAME:	
RESIDENCE & CITIZENSHIP	CITY:		STATE OR FOREIGN COUNTRY:		COUNTR	COUNTRY OF CITIZENSHIP:	
POST OFFICE ADDRESS	POST OFFICE ADDRESS:		сіту:		STATE O	STATE OR COUNTRY AND ZIP CODE:	
FULL NAME OF INVENTOR #3	LAST NAME:		FIRST NAME:		MIDDLE	MIDDLE NAME:	
RESIDENCE & CITIZENSHIP	слу:		STATE OR FOREIGN COUNTRY:		COUNTR	COUNTRY OF CITIZENSHIP:	
POST OFFICE ADDRESS	POST OFFICE ADDRESS:		CITY:		STATE C	STATE OR COUNTRY AND ZIP CODE:	
I hereby declare that a to be true; and further or imprisonment, or bo		of my own kno e made with the Title 18 of the t	wiedge are true and the knowledge that wilful United States Code and			formation and belief are believed to made are punishable by finnents may jeopardize the validit ventor #3	
Menty.	1/03						
Date: 6/20 26	D. SIGNED AND MADE A	Date:			Date:		